DO NOT WRITE BELOW THIS LINE.

ignat

Signature

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

ŀF Z Α C

Ŧ

Transporter 1 Acknowledgement of Receipt of Materials

Transporter 2 Acknowledgement of Receipt of Materials

inted/Typed Name

2NI2

Printed/Typed Name

Printed/Typed Name

19. Discrepancy Indication Space

9834242

Day

Day

Year

Year

Month

Month